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<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>		Reexam Application Number	90/005,708-Conf. #3545
		Filing Date	April 24, 2000
		Reissue application Number	09/484,260
		Filing Date	January 18, 2000
		First Named Inventor	Thomas C. Gipson
		Art Unit	3676 / 3672
		Examiner Name	G. A. Suchfield
Total Number of Pages in This Submission	11	Attorney Docket Number	HO-P02233US1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Amendment Transmittal Letter Substitute Reissue Application Declaration by the Inventor
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	FULBRIGHT & JAWORSKI L.L.P.		
Signature			
Printed name	Michael S. McCoy		
Date	May 14, 2007	Reg. No.	46,913

CERTIFICATE OF ELECTRONIC TRANSMISSION
37 C.F.R. § 1.8

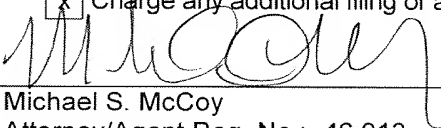
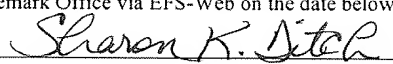
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5/14/2007

Date

Sharon K. Ditch

Sharon K. Ditch

AMENDMENT TRANSMITTAL LETTER				Docket No. HO-P02233US1	
Reexam Application No. 90/005,708	Filing Date April 24, 2000	Examiner G.A. Suchfield	Art Unit 3676		
Reissue Application No. 09/484,260-Conf. #3545	Filing Date January 18, 2000	Examiner G. A. Suchfield	Art Unit 3672		
Applicant(s): Thomas C. Gipson					
Invention: MERGE, RE-EXAMINE AND REISSUE APPLICATION FOR METHOD AND APP ARATUS FOR INJECTIONS COILED TUBING IN WELLS					
TO THE COMMISSIONER FOR PATENTS Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	7	- 25 =	0	x 50.00	0.00
Independent Claims	2	- 3 =	0	x 200.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month					1020.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					1020.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity <input type="checkbox"/> No additional fee is required for this amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>06-2375</u> in the amount of \$ <u>120.00</u> . A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>06-2375</u> as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Michael S. McCoy Attorney/Agent Reg. No.: 46,913 FULBRIGHT & JAWORSKI L.L.P. Fulbright Tower 1301 McKinney, Suite 5100 Houston, Texas 77010-3095 (713) 651-8216			Dated: <u>5/14/07</u>		
<div style="border: 1px solid black; padding: 10px;"> <div style="text-align: center;"> CERTIFICATE OF ELECTRONIC TRANSMISSION 37 C.F.R. § 1.8 </div> <p style="text-align: center;">I hereby certify that this correspondence is being electronically filed with the United States Patent and Trademark Office via EFS-Web on the date below:</p> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <u>5/14/2007</u> Date </div> <div style="text-align: center;">  Sharon K. Ditch </div> </div> </div>					